

POWER OF ATTORNEY
(Health Care - Durable)

Jul 22 11 15 AM '97

STATE OF MISSISSIPPI
COUNTY OF DESOTOBK 74 PG 775
W.E. DAVIS CH. CLK.

KNOW ALL MEN BY THESE PRESENT, that I, **David M. Jusko** do hereby make, constitute, and appoint my brother, **Daniel R. Jusko**, as my true and lawful attorney in fact for health care for me and in my name place, and stead, and on my behalf, and for my use and benefit, to act in, manage, and conduct all my health care needs, to make any and all health care decisions for me including, but not limited to, my admission to any hospital, nursing home, health care facility, or other similar facility, any any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental condition including surgery, and the right to consent to the withholding or withdrawal of health care necessary to keep me alive, as my attorney-in-fact shall deem necessary or desirable, and to pay all medical, hospital, nursing, and other health care charges incident thereto.

My attorney-in-fact is also given the right to direct or consent to the withholding or withdrawing of any procedures which provide nutrition and hydration by means of a nasogastric tube or tubes into the stomach, intestines, or veins, where these procedures would serve only to artificially prolong the dying process, and further to direct the giving to me of maximum palliative care, specifically including but not limited to, sedatives and painkilling drugs even if the effect of administering said sedatives and/or drugs will be to cause dependence thereon, and/or create immunity thereto, and/or shorten my life.

I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted, and I hereby declare that any act or thing lawfully done hereunder by my said

attorney-in-fact shall be binding on myself, my heirs, legal and personal representatives, and assigns.

This instrument is to be construed and interpreted as a general power of attorney for health care. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not be construed or interpreted as limiting or restricting the general powers herein granted to said attorney-in-fact.

The rights, powers, and authority of said attorney-in-fact herein granted shall commence and be in full force and effect on the date of execution of this instrument, and such rights, powers, and authority shall remain in full force and effect thereafter until the power granted by this instrument shall be revoked.

I hereby specifically release and hold harmless any person acting for me, any physician and any institution from legal liability for exercising the directive regarding medical treatment in this instrument. This release is binding on my heirs, legal representatives and assigns; and

ARTIFICIALLY PROVIDED NOURISHMENT AND FLUIDS

By checking the appropriate line below I specifically: (check only one)

D.M.J.

authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

ORGAN DONOR CERTIFICATION

Notwithstanding my previous declaration relative to the withholding

or withdrawal of life-prolonging procedures, if as indicated below I have expressed my desire to donate my organs and/or tissues for transplantation, or any of them as specifically designated herein, I do direct my attorney-in-fact to direct the attending physician, if I have been determined dead according to applicable law, to maintain me on artificial support systems only for the period of time required to maintain the viability of and to remove such organs and/or tissues. By checking the appropriate line below I specifically: (check only one)

_____ desire to donate my organs and/or tissues for transplantation, but only for the need of my immediate family, including my parents and the family of my sisters.

OR

_____ desire to donate my _____
(insert specific organs and/or tissues for transplantation and/or medical research and teaching.)

OR

D.M.J. DO NOT desire to donate my organs or tissues for transplantation and/or medical research and teaching.

I further expressly provide that THIS POWER OF ATTORNEY SHALL NOT IN ANY WAY BE REVOKED OR ADVERSELY AFFECTED BY SUBSEQUENT DISABILITY AND/OR INCAPACITY OF PRINCIPAL, AND SHALL BE CONSIDERED TO BE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE; and

That I have read and understand the WARNING TO PERSON EXECUTING THIS DOCUMENT attached hereto as an addendum, incorporated herein by reference, and made a part hereof as though fully copied herein verbatim.

IN WITNESS WHEREOF, I have hereunto set my hand this15..... day of....July....., 1997...

David M. Jusko
David M. Jusko

**ADDENDUM TO POWER OF ATTORNEY
FOR HEALTH CARE**

WARNING TO PERSON EXECUTING THIS DOCUMENT:

This is an important legal document. Before executing this document, you should know these important facts.

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor's not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, not treatment may be given to you over your objection, and health care necessary to keep you alive may be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any limitations that you include in this document.

You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if you agent (1) authorizes anything that is illegal or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital, or other health care provider, orally or in writing, of the revocation.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day, before me, the undersigned authority in and for this jurisdiction, personally appeared David M. Jusko, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name is subscribed to this instrument, and acknowledged that he executed it as his free act and deed. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal.

Date: 7-15-97

Mary A. Elam
NOTARY PUBLIC

My Commission expires:



MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 3, 2000
BONDED THRU STEGALL NOTARY SERVICE

"I declare under penalty of perjury under that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud or undue

influence; that I am not the person appointed as attorney-in-fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon the principal's death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of th principal under a will or codicil thereto now existing, or by operation of law."

Tracy B. Walsh
WITNESS

"I declare under penalty of perjury that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud or undue influence; that I am not the person appointed as attorney-in-fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon the principal's death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of th principal under a will or codicil thereto now existing, or by operation of law."

Carey M. Cooke
WITNESS

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives

your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask an attorney to explain it to you.

I hereby acknowledge receipt of the above warning.

Date: July 15, 1997

David M. Jusko
David M. Jusko

PREPARED BY AND, AFTER RECORDING, RETURN TO:

Goeldner & Walsh

Professional Association / Attorneys at Law

P.O. BOX 1468

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